



"An Exceptional Place to Play and Learn Since 1963"

212 East Capitol St., NE, Washington, DC 20002

(202) 546-RPNS

Enrollment Application for 2010-11

Child's Name: _____ Gender: _____ Birth Date: _____

Parent/Guardian #1: _____ E-Mail: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Work Address: _____ Phone: _____

Parent/Guardian #2: _____ E-Mail: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Work Address: _____ Phone: _____

Siblings

Name: _____ Age: _____ School: _____ RPNS grad: Y / N

Name: _____ Age: _____ School: _____ RPNS grad: Y / N

Name: _____ Age: _____ School: _____ RPNS grad: Y / N

Child's Previous Group Experiences (play groups, day care, etc.). Please describe:

Is your child 1) Potty trained? _____ 2) Conversant in English? _____

How did you learn about River Park Nursery School? _____

Please read before signing:

River Park Nursery School is a parent-run organization; only two teachers are paid. Currently, any class that has more than 10 students requires one parent to assist the two teachers on that day. We call this co-oping.

Parents are expected to take their turns co-oping in the classroom as often as necessary. Parents are also expected to attend Parents' Meetings where school business is conducted. Other duties include serving on the Executive Board, assisting with field trips, fundraising, and other occasional duties.

If you are unable to participate, please attach an explanation of your reasons. Priority for acceptance is given to applicants whose parents are able to participate in the classroom.

River Park Nursery School does not discriminate based on ethnic, racial, economic, or other diversities among its membership.

1. Our preference for attendance is: 3 4 5 days per week.
(You may be offered a schedule other than your preference depending on the overall scheduling of the class.)
2. We may, in the future, wish to attend: 3 4 5 days per week, if space becomes available and after consultation with the director.
3. When not at RPNS, my child will be (please "X" those that apply): At home with parent_____.
At home with caregiver_____. At day care (please specify)_____. At another program (please specify)_____.
4. We will participate by (please "X" those that apply): Co-oping days_____; Board Membership_____; Supply Shopping_____; Fundraising_____; Cleaning; _____
Other:_____.
5. Please describe any special requirements (allergies, medications, physical needs, etc.) that will help us in assessing our ability to meet your child's needs. Also, please indicate if there has been any discussion of an intervention for developmental reasons (speech therapy, motor development, etc.)

Parent/Guardian #1 signature_____Date_____

Parent/Guardian #2 signature_____Date_____

Please return this application with a **non-refundable** application fee of \$45, payable by check or money order to "River Park Nursery School" and mail to:

Chris Wood
RPNS Membership Coordinator
413 A St. NE
Washington, DC 20002